

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Child and Adult Care Food Program Federal Aids and Audit Section

Instructions for Completing the Reimbursement Claim – CHILD CARE COMPONENT PI-1489 (Rev. 06-05)

1. Complete the information in the boxes at the top of the claim, including the *daytime telephone number* for the person responsible for completing the claim.

2. Complete *I. Enrollment Data*:

BOXES 1-4 .. Fill in totals according to the required *Household Size-Income Record*. Any child without a current, valid income statement on file must be considered non-needy.

The numbers reported for non-needy, reduced, and free must equal total enrollment for the month.

3. Complete *II. Participation Data* using the applicable column(s):

LINE 5..... Report the total *Number of Sites*.

Sponsoring organizations with more than one site must provide individual site information on the back of the claim form. Please note, "Site No." must be the DPI-assigned site code number. Enrollment data must be reported by need category (non-needy, reduced, and free) **for each site**. The numbers reported for non-needy, reduced, and free must equal the total enrollment for the month for each site.

For-profit centers that do not qualify based on Title XX (F/RP Centers), must have on file current and correctly determined household size-income statements for children in the reduced and free categories, equaling 25% of the center's licensed capacity or enrollment, whichever is less.

LINE 6..... List the *Number of Days of Service* that sites were open and serving meals during the month. If sites differed in the total days of service, use the greater number for the days of service.

LINE 7..... Report *Average Daily Attendance*. Using the daily attendance records, NOT meal counts, determine the number of children in attendance each day the site was open and serving meals. Then add up each day's total to get a monthly total. Divide the monthly total by the number of days of operation that month to determine *Average Daily Attendance* (round all fractions up to the next whole number).

LINE 8..... Report total *Number of Meals Served to Children* using meal counts recorded at the time of the meal service or immediately after. The number of supplements (snacks) must be reported by type (AM Snacks, PM Snacks, Additional Snack).

4. Complete *III. Certification*:

As an assurance that the claim information is accurate, the *Authorized Representative* identified on the DPI *Application/Agreement* must complete, sign, and date the bottom of the form.